



**Dr. Everett B. Kelley**  
*National Secretary-Treasurer*

**J. David Cox, Sr.**  
*National President*

**Jeremy A. Lannan**  
*NVP for Women & Fair Practices*

October 23, 2019

Dear Representative:

On behalf of the American Federation of Government Employees, AFL-CIO (AFGE), which represents nearly 700,000 federal and DC employees including 260,000 employees of the Department of Veterans Affairs (VA), I strongly urge you to oppose H.R. 3495, the "Improve Well-Being of Veterans Act". This legislation would provide grants to organizations that could use the funding to provide mental health care or make referrals to other organizations for that care, without any requirement to connect veterans back to the VA's own comprehensive, evidence-based mental health services. Privatizing mental health care and other services for veterans at risk of suicide will undermine their well-being, not improve it.

If H.R. 3495 were enacted, it would result in at-risk veterans receiving fragmented care without accountability. Grant recipients would be able to treat veterans and their families, and refer them to other private providers without any consultation with the VA. Veterans will be far better off by building upon VA's own extensive, expert clinical services and support programs to reach and care for them.

By using grants, H.R. 3495 would permit virtually unlimited reimbursement of recipient costs, including salaries, bonuses and fringe benefits, as long as these payments are made in accordance with the recipient's self-established compensation policies. By using grants rather than contracts to fund these services, the grantees will not be subject to restrictions on individual compensation that are applicable to government contracts, but not grants. These restrictions limit allowable compensation (the amount the government will pay) to no more than the annual equivalent of compensation caps (currently \$525,000 per annum). In other words, the use of grants rather than contracts for these services will increase the costs that the government will pay – sometimes by substantial amounts.

This bill is simply the wrong bill at the wrong time. This new push for privatization of veterans' health care is being hastily promoted in the midst of rolling out and funding the VA Mission Act. H.R. 3495 puts veterans at serious risk of being scammed and mistreated by unscrupulous or even well-meaning but ineffective unregulated organizations. Although some formal research has been done to try to identify effective, evidence-based treatment protocol for suicide prevention, a recent analysis by the National Institutes for Health (NIH) concludes that there is too little literature on suicide prevention among veterans to say definitively what if any factors are unique to this population or what treatment is most effective.<sup>1</sup>

What is known is that primary care providers can play an effective role in suicide prevention by identifying risk factors and intervening appropriately. It has been reported that the risk of suicide attempts and death is highest within the first 30 days after a person is discharged from an emergency department or inpatient psychiatric unit, and continuity of care after discharge is critical for preventing suicide. If H.R. 3495 were enacted, this link to continuity of care would likely be broken, as well as the

<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pubmed/20560747>.

seamless access to clinical intervention from VA providers familiar with the patient's unique circumstances.

Diverting VA health care dollars to a grant program would further weaken VA's capacity to care for at-risk veterans. AFGE has many ideas on how to improve outreach services and access to VA care when the VA is not able to provide them. First, to improve the well-being of veterans, these precious VA health care dollars should be used to fill the more than 40,000 health care vacancies that are causing veterans to wait longer to see clinicians. VA funding will be much more effectively spent on filling health care vacancies within the VA and improving VA's own mental health care services than unproven providers with very little accountability.

Second, VA should use funds to expand its own highly regarded telemental health program. VA reports that since its inception, VA telemental health has expanded access through nearly 3 million patient encounters and it has significantly reduced inpatient admissions and length of stays. The program receives high marks from veterans. Its National Telemental Health Center's unique model connects veterans with experts across the nation.<sup>2</sup> The VA Mission Act is also still in the process of expanding access to telemental health.<sup>3</sup> Similarly, the VA is in the process of providing veterans with tablets to facilitate telehealth treatment; funding for this access tool would be far more productive, as would accessing telehealth at remote sites such as community health centers and veterans' organizations.

Third, the VA clearly needs more staff to provide therapy to veterans and their family members. The VA currently provides family therapy at every facility and has a highly regarded comprehensive evidence-based family therapy training program. AFGE urges Congress and the VA to ensure additional resources to allow VA therapists to provide spouse-only therapy.

The VA is the nation's leader in treating the whole patient; services provided by potential grant recipients will cause more fragmented care, not more comprehensive, holistic care. The VA Whole Health for Life Program, which is associated with its Office of Patient Centered Care and Cultural Transformation is gaining recognition "for its reimagined and redesigned approach to health care."<sup>4</sup> In addition, the VA has made enormous advances in improving access to mental health care through Primary Care-Mental Health Integration (PC-MHI), "the best integrated primary care mental health care program in the nation"<sup>5</sup> that is especially effective in improving access of rural veterans to mental health care. VA Vet Centers are also in place in communities across the nation so that veterans can walk into veteran-centric settings and seek help for a wide range of services close to home.

The VA, not outside ventures, should be the first place a veteran goes for an assessment of his or her complex needs. AFGE urges you in the strongest possible terms to oppose H.R. 3495, and instead work with veterans, VA staff and stakeholders to identify less risky, more effective, and less costly solutions for reaching at-risk veterans who need to be referred back to the VA for integrated treatment and support services. We must ensure that all service providers, both within the VA and outside the VA, are qualified and held to the highest standards of quality and accountability for outcomes for this high-risk population.

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<sup>2</sup> [https://www.va.gov/anywheretoyou/doc/TeleMental\\_Health\\_factsheet.PDF](https://www.va.gov/anywheretoyou/doc/TeleMental_Health_factsheet.PDF)

<sup>3</sup> <https://connectedcare.va.gov/whats-new/technology/telemental-health-veterans-expands-care-and-career-options>.

<sup>4</sup>

[https://www.va.gov/PATIENTCENTEREDCARE/features/Medical\\_Journal\\_Features\\_VA\\_Whole\\_Health\\_Transform.asp](https://www.va.gov/PATIENTCENTEREDCARE/features/Medical_Journal_Features_VA_Whole_Health_Transform.asp).

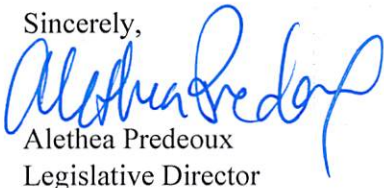
<sup>5</sup> <https://www.hsrdr.research.va.gov/impacts/pc-mhi.cfm>

There is always room for improvement when working to meet the healthcare needs of veterans. Every resource afforded to the VA should first go to improving and building the VA's internal capacity to provide timely, quality services to veterans. With privatization bills like H.R. 3495, it will become harder for the VA to expand its capacity to do so. Veterans deserve better than uneven (at best) care from unproven entities given open-ended grants with virtually no oversight.

**Please oppose H.R. 3495, the "Improve Well-Being of Veterans Act."** AFGE looks forward to working with you and the VA to improve and expand VA mental health and suicide prevention programs.

For additional information or questions, please contact Marilyn Park at [mpark@afge.org](mailto:mpark@afge.org).

Sincerely,



Alethea Predeoux  
Legislative Director